

SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT: Certificate of Public Convenience and Necessity

DEPARTMENT: Environmental Services

DIVISION: Solid Waste Management

AUTHORIZED BY: John Cirello

CONTACT: Richard Meinert

EXT: 2251

MOTION/RECOMMENDATION:

Approve and authorize Chairman to execute Certificate of Public Convenience and Necessity for Orlando Waste Paper Company, Inc.

County-wide

Richard Meinert

BACKGROUND:

Chapter 235 of the Seminole County Code authorizes the Board to regulate the collection and disposal of waste in the unincorporated county. The above company has complied with the requirements as set forth in the Seminole County Code and has requested a Certificate of Public Convenience and Necessity (COPCN) from Seminole County to perform commercial collection services of waste in the unincorporated areas of Seminole County. This firm has provided an application that indicates that they only provide recyclables collection services.

Staff has verified this information through follow up investigation. This firm has provided insurance information that complies with the recent amendments to Chapter 235 of the Seminole County Code. Firms that collect only C&D Debris, Special Wastes, or Recyclables are not required to obtain a non-exclusive commercial solid waste collection franchise. These firms are required to obtain COPCNs.

STAFF RECOMMENDATION:

Staff recommends the Board approve and authorize Chairman to execute Certificate of Public Convenience and Necessity for Orlando Waste Paper Company, Inc.

ATTACHMENTS:

1. Application

Additionally Reviewed By:

☒ County Attorney Review (Al Schwarz)

**ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION**



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: Orlando Waste Paper Company, Inc.

Street Address: 2715 Staten Road

City, State & Zip: Orlando, Florida 32804

Type of Operation: Recyclable Materials

This Certificate of Public Convenience and Necessity is valid from October 1, 2007 through September 30, 2008, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

Clerk to the Board of
County Commissioners of
Seminole County, Florida

For the use and reliance
of Seminole County only,
approved as to form and
legal sufficiency

County Attorney

By:

Brenda Carey, Chairman

Date: _____

As authorized for execution by the
Board of County Commissioners
at their _____, 20 _____,
regular meeting.

Seminole County
Certificate of Public Convenience and Necessity
COMPANY INFORMATION

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2007 through September 30, 2008.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 9/4/07

Company Name: Orlando Waste Paper Company, Inc.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Mailing Address: P.O. Box 787454
City: Orlando, State: Fl Zip: 32854

Site Street Address: 2715 Staten Road
City: Orlando State: FL Zip: 32804

Contact Person: (Ms) Jerry Parrish Phone: 407-299-1380 FAX: 407-295-5956

Email Address: jerryp@orlandowastepaper.com

Owner/Stockholders/5% or more: Jerry L. Vestal, Owner/President

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: (Ms.) Jerry Parrish Phone: 407-299-1380

Email Address: jerryp@orlandowastepaper.com

Statement of Capability and Financial Responsibility

I certify that Orlando Waste Paper Co., Inc. is capable of performing the service(s) applied for and is Financially Responsible.

Jerry Parrish 9-11-07
Signature Date
JERRY PARRISH
Print Name above

REV D 9-21-07

Seminole County
Certificate of Public Convenience and Necessity
TYPE OF OPERATION

Does your company collect waste in unincorporated
Seminole County?
If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture _____
- Garbage _____
- Rubbish _____
- Sludge _____

CONSTRUCTION & DEMOLITION DEBRIS:

- Concrete, brick and fines _____
- Wood _____
- Land Clearing Debris _____
- Asphalt _____
- Drywall _____
- Roofing Shingles _____

RECYCLABLE MATERIALS:

- Newspaper _____ x
- Glass _____ x
- Aluminum Cans _____ x
- Plastic Bottles _____ x
- Steel Cans _____ x
- Other Plastics _____ x
- Ferrous Metals _____ x
- Non-Ferrous Metals _____ x
- Corrugated Cardboard _____ x
- Office Paper _____ x
- Food Waste _____
- Textiles _____
- Other (specify) _____

SPECIAL WASTE

- Yard Trash _____
- White Goods _____
- Tires _____
- Other (specify) _____

HAZARDOUS WASTE:

- Biological Waste _____
- Biohazardous Waste _____
- Other (specify) _____

Does your company operate a waste management facility
in unincorporated Seminole County?
If yes, please complete information below.

FACILITY:

Address: _____

City _____ Zip _____

- Equipment Parking and / or _____
- Maintenance Yard Only. _____

RECYCLING FACILITY:

- C&D Processing _____
- Materials Recovery _____
- Yard Waste/Tree Debris _____
- Disposal Facility, Specify _____

!

Materials handled at facility (list all)

Newspaper	Non ferrous Metal
Cardboard	Ferrous Metal
Office Paper	Steel Cans
Plastic	Glass
alum cans	

Tons handled annually (per material, if applicable)

Item	Tons per year
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See 2006 annual report attached

Where do you deliver materials for disposal and / or processing?

Orlando Waste Paper Co. Inc
2715 Staten Road
Orlando, FL 32804

NOTE:

* Include Copies Of All Pertinent
Regulatory Agency Operation Permits.
Attach additional pages as needed.

Seminole County
Certificate of Public Convenience and Necessity
COMPLIANCE AGREEMENT

NAME OF COMPANY: ORLANDO WASTE PAPER CO., INC.

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

~~XXXXXX~~

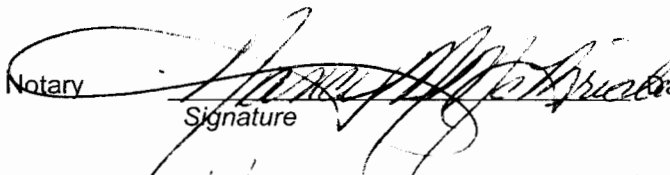

Signature

Date: 9/11/07

Print Name Jerry Lee Allen
Vice-President

Date: 9/11/07

Notary

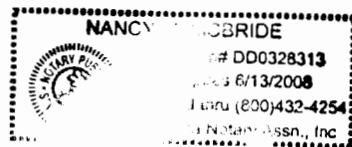

Signature

Date: Sept. 11, 07

Print Name

Nancy M. McBride

Date: 9/11/07



Seminole County
Certificate of Public Convenience and Necessity
VEHICLE IDENTIFICATION LIST

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: Orlando Waste Paper Co., Inc.

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER <i>For County Use Only</i>
2007	Mack		front-load	N094L	FL 3	
2001	Mack		Front-load	N9669L	FL 5	
2001	Mack		Front-Load	N3292L	FL 7	
2007	Hino		Box truck	W891CA	201	

Total number of vehicles: 4

X 20.00 per vehicle 20.00

Sum: \$80.00

Make copies as necessary

Seminole County
Certificate of Public Convenience and Necessity
AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY

STATE OF FLORIDA

COUNTY OF ORANGE

COMES NOW, Jerry Lee Allen, being first duly sworn, who deposes and says:

- (1) That he/she is the Vice-President, an officer
of Orlando Waste Paper Co., Inc. corporation existing under
the laws of the State of Florida;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity
Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience
and Necessity for solid waste commercial collection services to the above-named corporation.

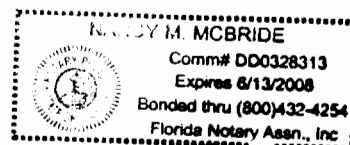
FURTHER AFFIANT SAYETH NAUGHT

Jerry Lee Allen, Affiant

The following Affidavit was signed, acknowledged and sworn to by *Jerry Lee Allen*

before me this 15th day of Sept., 20 07

Nancy M. McBride
Notary Public, State of Florida
My commission expires: 6/13/18





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[No Events](#)

[No Name History](#)

Detail by Entity Name

Florida Profit Corporation

ORLANDO WASTE PAPER COMPANY, INC.

Filing Information

Document Number P94000074594

FEI Number 593276128

Date Filed 10/07/1994

State FL

Status ACTIVE

Principal Address

2715 STATEN RD.
ORLANDO FL 32804

Mailing Address

2715 STATEN RD.
ORLANDO FL 32804

Registered Agent Name & Address

VESTAL, JERRY L
2715 STATEN ROAD
ORLANDO FL 32804 US

Name Changed: 11/12/1999

Address Changed: 11/12/1999

Officer/Director Detail

Name & Address

Title D

VESTAL, JERRY L
2715 STATEN ROAD
ORLANDO FL 32804

Title V

VESTAL, STERLING S
2715 STATEN RD.
ORLANDO FL 32804

Annual Reports

Report Year Filed Date

2005 04/26/2005

2006 01/20/2006

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/11/2007PRODUCER (407)898-2211 FAX (407)898-1850
Closson Insurance Agency, LLC
Post Office Box 547275
Orlando,, FL 32854-7275THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Orlando Waste Paper Co Inc.
Container Rental Company Inc.
2751 Staten Road
Orlando, Florida 32854

INSURER A: American States Insurance Co

INSURER B: First National Insurance Co 24724

INSURER C: Continental Casualty Ins. Co. 20443

INSURER D: Associated Industries Ins Co 25372

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	01CG725686-30	03/01/2007	03/01/2008	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY	25-CC-032720-3	03/01/2007	03/01/2008	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
C	EXCESS/UMBRELLA LIABILITY	L2076598460	03/01/2007	03/01/2008	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE				10,000,000	\$ 10,000,000
	<input type="checkbox"/> RETENTION \$					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2007336350	01/01/2007	01/01/2008	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Chapter 235 and/or this agreement as required by the COPCN or NE language.

The County, its officials, officers and employees are additional insured.

* 10 days notice in the event of nonpayment

CERTIFICATE HOLDER

Seminole County
1101 E. 1st Street
Sanford, FL 32773

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lenise Zika/KSS

Lenise A. Zika